

Roodlane Medical Limited

Tower Hill

Inspection report

10 Lloyd Avenue
London
EC3N 3AJ
Tel: 0345 437 0691
Website: www.roodlane.co.uk

Date of inspection visit: 27 June 2018
Date of publication: 13/08/2018

Overall summary

We carried out an announced comprehensive inspection on 27 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Tower Hill provides a private general practice and occupational health services.

Dr Peter Macfarlane is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Thirty-seven people provided positive feedback about the service.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service had a system to learn from them and improve.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.

Summary of findings

- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

There were areas where the provider could make improvements and should

- Review the way that patient feedback is analysed so that it provides practice specific results.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- We found that this service was providing safe care in accordance with the relevant regulations.
- There were systems in use for recording significant events and incidents.
- Safety alerts were received and disseminated to the relevant members of staff.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

- We found that this service was providing effective care in accordance with the relevant regulations.
- Staff were aware of current evidence based guidance.
- Some clinical audits had been carried out that demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had appraisals with personal development plans.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and seek feedback using a survey handed to all patients after their appointment.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The understood its patient profile and had used this understanding to meet the needs of users.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.
- Patient feedback indicated they found it easy to make an appointment, with most appointments the same day.
- Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
- There were systems and processes in place to govern activities.
- Risks were assessed and managed.
- There was a culture which was open and fostered improvement.
- The provider took steps to engage with their patient population and adapted the service in response to feedback.

Tower Hill

Detailed findings

Background to this inspection

Tower Hill is located at 10 Lloyds Avenue, London, EC3N 3AJ which is the first floor of an office building. The practice rents space for providing services within the building. It is a member of Roodlane Medical Limited and provides services under the Roodlane Medical Limited umbrella. The practice carries out around 5,000 GP consultations, 900 health screens and 300 occupational health assessments each year. The practice told us that approximately 80% of their custom comes from corporate organisations and 20% from private individuals.

The practice delivers GP services, health assessments, occupational health advice and physiotherapy. Patients can be referred to other services for diagnostic imaging and specialist care. The practice team included three GPs, a physiotherapist, a nurse and reception staff. The practice sees both adults and children.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of treatment of disease, disorder or Injury and diagnostic and screening procedures. Some of the services provided fall outside of these regulated activities, for example, occupational health services.

Consulting hours were 8.30am to 5.30pm Monday to Friday. Appointments are available within 24 hours. Patients can book by telephone or e-mail or by walking in to the practice.

We visited Tower Hill on 27 June 2018. The team was led by a CQC inspector, with a GP specialist advisor.

Before the inspection, we reviewed any notifications received from and about the service, and a standard information questionnaire completed by the service.

The parent provider (Roodlane Medical Ltd) is part of a larger organisation; HCA Healthcare Limited.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role (for example, safeguarding children level three for GPs) and understood their responsibilities. Safeguarding procedures were documented and staff were aware of the practice lead. Clinical staff were trained to safeguarding level 3 and non-clinical staff had received level 1 and 2 safeguarding training.

Chaperones were available and patients were asked at the start of a consultation if they wished a chaperone to be present. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Recruitment procedures also checked on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body. Medical staff were supported with their professional revalidation. All indemnity insurance was in date.

We observed the practice to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

Staffing levels were monitored and there were procedures in place to source additional trained staff when required.

There were effective systems in place to manage referrals and test results.

Risks to patients (such as fire) had been assessed and actions taken to manage the risks identified.

There were arrangements in place to respond to emergencies and major incidents including the recognition of sepsis:

- Staff records we checked (two clinical staff and two non-clinical staff) showed that these staff had completed annual basic life support (BLS) training, in line with guidance.
- There was a defibrillator, oxygen and a supply of emergency medicines. A risk assessment had been carried out to determine which emergency medicines to stock. All expiry dates of emergency equipment and medicines were checked by the practice regularly to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system. The practice's patient record system was used at all Roodlane sites and clinicians could access the records of patients at any of the sites remotely. The practice automatically diverted pathology results and other test results to another clinical member of staff when clinicians were not working at the service.

There were arrangements in place to check the identity of patients. This included a check on parental responsibility for children attending for treatment.

Safe and appropriate use of medicines

- The practice had systems, policies and procedures in place to ensure that medicines were prescribed safely.
- Private prescriptions were generated from the patient record system.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had undertaken audits of prescribing generally to ensure that prescribing decisions followed national guidelines. Staff told us of actions taken to support good antimicrobial stewardship.

Are services safe?

- The temperature of the medicines fridges was checked on a regular basis and had been maintained within the required temperature ranges.

Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe. The practice had recorded one significant event in the past twelve months. This was regarding a cervical smear test that had not been labelled appropriately which resulted in a delay in the test being processed. This was discussed at clinical and practice meetings and systems changed to ensure no reoccurrence of the event. Events recorded at other Roodlane sites were used in meetings to provide learning to staff. For example, new procedures in relation to patients that were victims of domestic violence.

We found that there was a clear policy for handling alerts from organisations such as Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received by email by the nursing officer who would then share with relevant members of staff through a specific email address which allowed for read receipts to be issued to ensure staff

have read the alerts. Alerts were shared at clinical governance meetings. We asked about recent alerts such as one issued for the use of Sodium Valproate and found that staff were aware of this and had taken note of the alert. A search of the practice system had been undertaken to identify any female patients of child bearing age but none were identified that were taking Sodium Valproate.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents, the policy stated that:

- The service would give affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

We found the practice was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, through clinical audit and reviews of patient consultations.

The practice was involved in quality improvement activity. We were shown two completed clinical audits. For example, an audit into the safe prescribing of Diclofenac. The aim of the audit was to assess whether GPs were safe prescribers of Diclofenac and aware of the safe prescribing guidelines. The practice set a baseline of 90% of prescriptions being prescribed safely. In October 2017, 30 prescriptions were reviewed and the practice found that 88% of the prescriptions were prescribed safely, at the correct dosage and based on NICE guidelines. The practice then reviewed its prescribing protocols to ensure that more were prescribed within NICE guidelines. The audit was repeated in May 2018. Thirty-seven prescriptions were examined and 94% were prescribed safely, at the correct dosage and based on NICE guidelines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff demonstrated how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff referred patients to other health and social care professionals where necessary. Patients were asked if they were registered with an NHS GP and whether their GP could be contacted. If patients agreed, we were told that a letter would be sent to their registered GP. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people were at risk) and were told that correspondence from consultants at private hospitals would be sent to GPs unless the patient withheld consent. GPs would be contacted if material changes to patients care occurred, such as changes in medication. Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged directly through a private provider. Otherwise details were supplied to the patients NHS GP. Doctors were expected to review test results received within one working day. Details were then shared with patients through an online system (where appropriate).

Referrals to secondary care could be made on the same day as a GP consultation, and we heard examples where this had led to good outcomes for patients in need of urgent treatment.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service offered GP appointments, health screening, occupational health appointments, and physiotherapy and vaccination services.
- Patients were encouraged to undergo regular health screening such as smear tests, liver function and cardiac screening tests.
- Staff encouraged and supported patients to be involved in monitoring and managing health.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Treatment costs were on display in the waiting area and explained in detail before treatment commenced.

Are services caring?

Our findings

We found the practice was providing care in line with the regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 37 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and in a clean environment. Cards also stated that staff were caring, polite, courteous and professional. All felt treated with dignity and respect.

The practice carried out patient satisfaction surveys after every consultation. When completed by the patients, they were sent to the Roodlane central office who collated the results. Results were positive, for example 95% of those completing the form would rate the overall experience as good or very good and 87% would recommend the service to a colleague or friend. However, the published results

were for the whole Roodlane organisation and there was no system to extract individual practice results. Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Feedback from the service's own survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.

The practice made provision for patients who did not speak English as their first language. A number of different languages such as Spanish, Portuguese, German and French were spoken within the staff team. Consultations were undertaken in English but staff would act as chaperones and translators if this was not possible.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, creating bespoke health screening packages that would benefit their client group by identifying risks and enabling prevention of core health problems including cardiovascular disease, cancer, men's and women's health. Patients who were at greater risk of particular health conditions were offered targeted screening which focussed on their individual risk factors.
- Patients had secure access to their digital health records.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the provision of a hearing loop to assist patients with hearing aids.

Timely access to the service

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Consulting hours were between 8.30am and 5.30pm Monday to Friday. Outside of these times, patients were signposted to either their local out of hours service or one of the HCA Healthcare Limited urgent care centres.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The provider had service level agreements to ensure that patients who worked for corporate organisations could access care and treatment either on the same or next day.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- All appointments were 15 minutes long as standard and patients could request longer appointments if they needed them.

Listening and learning from concerns and complaints

The provider encouraged and sought patient feedback.

Information on how to complain was available in the waiting room and on the provider's website. There had been five complaints recorded in the past 21 months. These were handled in accordance with the service policy, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.

There was evidence of improvement in response to complaints and feedback, including sending the practice learned lessons from individual concerns and complaints. It acted as a result to address patient concerns and improve the quality of care where necessary. A monthly newsletter was sent to staff to update them of important company and practice specific information, patient feedback and policy changes.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well led care in accordance with the relevant regulations.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values in place. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff we spoke to said they felt respected, supported and valued.
- The service focused on the needs of patients.
- The management acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff teams. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management.

- There were processes and systems to support the governance of the practice.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, significant event reporting and infection prevention and control.

Managing risks, issues and performance

There were clear and effective processes for managing risks, incidents and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The practice monitored performance through audit.
- The practice management had oversight of complaints.
- The service had plans in place and had trained staff for major incidents.
- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were satisfactory arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service sought and used the views of patients and staff and used feedback to improve the quality of services.

- Patients could provide feedback about the service and we saw that the provider had taken action in response to patient feedback. Patients could feedback by completing an online survey which was issued after each appointment. The provider also had a primary care newsletter which was sent to patients and clients who could send this information out to their staff. The newsletter encouraged patients to submit questions which a clinician would answer in the following newsletter.
- Staff told us that the provider was receptive to their feedback.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. Staff told us that they were encouraged to consider and implement improvements.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence of learning being shared from the service and from other services in the group.